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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of 10/150,268 05/15/2002 PAT 6,780,399
 which claims benefit of 60/294,203 05/24/2001
 and claims benefit of 60/317,479 09/05/2001

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>MSE</u> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4
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TITLE
 Delivery of stimulants through an inhalation route

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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